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The Phenomenology of Change Following the Near-Death Experience

by

William D. Prince

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Master of Education

in

Counselling Psychology

Department of Educational Psychology

Edmonton, Alberta

Fall 1995

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Oct. 05, 1995

To my wife, who assured me

that if this thesis was not completed,

she would provide me with my very

own near-death experience.

Abstract

The purpose of this research is to discuss, from a phenomenological perspective, the experience of change following a near-death experience (NDE). Theories have been advanced to account for this change process but there appear to be contradictions among them. A clear picture of this process, which could be of value to therapists, is therefore not available.

Criterion sampling was used to select four participants on the basis of whether 1) they believed that they had been close to death 2) they were aware of changes following the experience 3) their NDE included a description of light and 4) they were considered to be articulate and insightful about the effects of the NDE. Face-to-face interviews were then conducted which included twelve questions that focused attention on the post-NDE change process. A validation interview gave each participant the opportunity to comment on the results of the analysis and corrections were made where appropriate.

Hierarchical thematic analysis was used to evaluate each of the four interviews and these results were then compared between persons. Criterion sampling which required the experience of light during the NDE, insured that only core experiencers were selected for this study. Core experiencers are those who have had the most profound variety of NDE and who therefore would be expected to exhibit the most prominent post-NDE changes.

The analysis of interview protocols revealed that the process of change followed a consistent pattern for each of the participants. Following awareness of enhanced perceptions of self and others, each participant became aware of the need for a change in behavior. This choice to enhance behavior created congruence with enhanced perceptions as predicted by the theories of Carl R. Rogers. Other factors that were found to influence the post-NDE change process included how others responded to the NDEr's wish to discuss the event; whether a choice to return was present; and the meaning that the NDEr attributed to the experience.

Acknowledgments

I would like to thank my supervisor, Dr. Dustin Shannon-Brady, for his assistance and patience. His persistence in keeping me on track and providing motivation at the right times was extremely helpful. Thanks also to Dr. Ken Ward and Dr. Carolyn Yewchuk for their sensitive and insightful critiques. Their insight has very definitely helped in the creation of a more comprehensive and readable document.

For her patience and support, I would especially like to acknowledge my wife Gwen. Without her help this project could never have been successfully completed.

Finally I would like to thank my typist, Noella Nielsen, for the special effort that she has put in to help me achieve my various deadlines.

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Chapter 1

Introduction

The recent upsurge in public interest in the near-death experience (NDE) has lead to frequent magazine and newspaper articles, numerous documentaries and many talk shows that discuss this event and its after-math. Although near-death experiencers (NDErs) have now received permission from our culture to openly discuss their experiences, there has been little corresponding research on how to assist people who have difficulty with the process of change that often follows this profound event. The spectacular changes that may follow an NDE and the reassurance that it provides others appear to have captured the attention of the research community just as much as that of the general public. The abundance of research on the after-effects of the NDE has only served to highlight the paucity of research on the change process that follows it. Theories concerning this process have either been only briefly discussed or are in conflict with each other. Some of these theories seem to lack validity because they are not based on actual experience with NDErs (Furn, 1987). The research outlined in this study will address the post-NDE change process by posing the following question. What are the common experiential themes associated with the process of change following a near-death experience?

Chapter two presents a review of the literature that discusses the history of NDE research and its findings. Because NDE research is only twenty years old, the current data base is extensive but not diverse. The characteristic elements and after-effects of the NDE and its demographics have all been well documented.

Chapter three outlines the philosophy and methodology of phenomenological research. This approach was chosen because it permits the researcher to gain access to the participants' lived experience. Issues related to validity and reliability of the research orientation will be reviewed.

Chapter four discusses the method of data analysis and collection that was used. Tables are included which clarify the analysis performed on the four interviews that form the data base for this study. The researcher's presuppositions about the post-NDE change process are outlined because the phenomenological approach requires that attention be paid to unbiased data analysis.

Chapter five presents the research results. Several tables are included which both highlight the themes shared by all of the participants and indicate where their experiences were dissimilar. A narrative explanation of the characteristic and important themes that emerged from the four interviews follows.

Chapter six offers a discussion of the analysis of the data. This research revealed that each of the four participants went through a similar process of change following their NDEs. Carl R. Rogers described a similar change process during successful psychotherapy. Several other factors were found to influence the post-NDE change process and these are also discussed.

Purpose of the Study

The purpose of this study is to answer the following question:

What are the common experiential themes associated with the process of change following a near-death experience?

Chapter 2

Literature Review

Early Research

The term 'near-death experience' (NDE) was coined in 1975 by psychiatrist Raymond Moody in his book "Life After Life." This book generated an incredible level of public interest about those who have come close to dying or have had a close brush with death. It has since been translated into over 30 languages and has spurred research in such diverse disciplines as psychology, sociology, psychiatry, social work, anthropology, philosophy, theology, physiology, and neurology (Rogo, 1989). Moody's original research, based on the reports of about 150 near-death experiencers (NDErs), was distilled to construct the following prototypic NDE.

"A man is dying and, as he reaches the point of greatest physical distress, he hears himself pronounced dead by his doctor. He begins to hear an uncomfortable noise, a loud ringing or buzzing, and at the same time feels himself moving very rapidly through a long dark tunnel. After this he suddenly finds himself outside of his own physical body, but still in the immediate physical environment, and he sees his own body from a distance, as though he is a spectator. He watches the resuscitation attempt from this unusual vantage point and is in a state of emotional upheaval.

After a while, he collects himself and becomes more accustomed to his odd condition. He notices that he still has a 'body', but one of a very different nature and with very different powers from the physical body he has left behind. Soon other things begin to happen. Others come to meet and to help him. He glimpses the spirits of relatives and friends who have already died, and a loving, warm spirit of a kind he has never encountered before--a being of light--appears before him. This being asks him a question, nonverbally, to make him evaluate his life and helps him along by showing him a panoramic, instantaneous playback of the major events of his life. At some point he finds himself approaching some sort of barrier or border, apparently representing the limit between earthly life and the next life. Yet, he finds that he must go back to the earth, that the time for his death has not yet come. At this point he resists, for by now he is taken up with his experiences in the afterlife and does not want to return. He is

overwhelmed by intense feelings of joy, love, and peace. Despite his attitude, though, he somehow reunites with his physical body and lives" (Moody, 1975, p. 21-22).

Later, Moody (1977) added several, less common elements to create a more comprehensive description of the experience. These include a 'vision of knowledge' in which the experiencer has instantaneous access to omniscience; cities of light that are often seen 'on the other side'; and realms of bewildered spirits that appear to be lost and struggling in a borderland between realms.

In both books, Moody stressed that no two persons had identical near-death experiences although many had similar elements. Not all of these elements were present in any single account and sequences were also found to vary. Such variability has been confirmed by all other researchers. Unfortunately, Moody did not investigate frequencies for each component and was also unrealistically positive in his description of after-effects.

Kenneth Ring (1980) was sufficiently intrigued by these accounts to explore the NDE using a structured interview format in the hope of adding empirical weight to Moody's phenomenological research. From interviews with 102 people, Ring discovered that 48% had had an NDE while physically close to death. He also devised a scale called the 'Weighted Core Experience Index' (WCEI) for exploring the profoundness or depth of the NDE. This model parallels Moody's in that both are temporal--each sees the NDE as a chronological sequence. Ring showed, however, that the experience consists of five major stages that systematically decrease in frequency:

1. peace, well-being and absence of pain (60% of all NDE reports)
2. detachment from the physical body or out-of-body experience (37%)
3. entering a darkness or tunnel with or without panoramic memory (23%)
4. seeing a bright, inviting light (16%)
5. entering the light and meeting deceased persons or other, often religious, figures (10%).

Some researchers have since confirmed this temporal sequence (Flynn, 1982, 1986; Grey, 1985) while other authors have found it to be too variable to be reliable (Greyson, 1981, 1985).

This confusion over definition was furthered by cardiologist Michael Sabom (1982) who

discovered a 42% incidence of the NDE in his sample of 100 patients. He chose to formulate his owndescriptive categories that showed 30% had autoscopic type (predominantly out-of-body) experiences; 54% had transcendental type (passage of the consciousness into an alternate dimension); and 17% had a combined type showing characteristics of each of the other categories. Because he used different criteria than Ring, comparison of rates and categories is difficult. However, Sabom did contribute the first carefully detailed investigation of the out-of-body experience (OBE) component of the NDE. He gathered six case histories of very specific observations made by patients who were either unconscious or not physically present during the events that they later described. By comparing medical records, subsequent statements from medical personnel and patients' testimony, Sabom was able to present evidence that strongly suggested survival of some aspect of consciousness outside of the body.

Psychiatrist Bruce Greyson (1981, 1983a) hypothesized that the NDE should not be treated as a unitary phenomenon but that it may instead consist of discrete parallel experiences with differing mechanisms and effects. He believes that isolation of these components could provide significant therapeutic insights. To this end he created the 'Near-Death Experience Scale' (NDES) in 1983 and further refined it in 1985 and 1990. It is a 16 item scale which groups responses into 4 psychologically meaningful clusters: Cognitive, Affective, Paranormal, and Transpersonal. While Ring's WCEI was based on 10 arbitrarily weighted items and was not tested for internal consistency or reliability, Greyson's NDES has been carefully designed for both validity and reliability.

Unfortunately, both Ring's WCEI and Greyson's NDES have shortcomings. Neither one is able to distinguish a near-death experience from other varieties of transpersonal experience nor do they permit detailed exploration of the unique features of each experience.

Demographics and Personality

While the debate over whether to consider the NDE as a grouping of distinct manifestations or an interrelated complex has not been resolved, researchers have generally agreed on the relationship between personal/demographic factors and subsequent NDEs. There appears to be little or no relationship between

the frequency or phenomenology of the experience and the subjects' age or sex (Gallup, 1982; Greyson, 1983a; Ring, 1980; Sabom, 1982); subjects' race, geographic region of residence, education or religious beliefs (Gallop, 1982; Grey, 1985; Ring, 1980, 1984; Sabom, 1982); prior knowledge of NDEs (Greyson & Stevenson, 1980; Ring, 1980, 1984; Sabom, 1982) or length of time between the experience and the research interview (Greyson, 1983b; Twemlow, Gabbard, & Jones, 1982).

However, the relationship between NDEs and personality has been less well defined. Locke and Shontz (1983) screened approximately 1000 college undergraduates but, after comparing those who had come close to death without an NDE with those who reported having an NDE, they were unable to demonstrate any significant differences on tests of IQ, anxiety, extroversion or neuroticism. Twemlow and Gabbard (1984) found no significant psychopathology in their group of 34 NDErs when they compared them against a group of 386 people who had not come close to death. Danger-seeking, death anxiety, attention-absorption, hysterical tendencies, and psychoticism were evaluated. However, they did discover significantly higher levels of attention-absorption scores in NDErs indicating an increased tendency to direct attention inward. This suggested to the authors that NDErs may have a cognitive/perceptual style that, "...might predispose to the near-death experience or recall of it" and might be "..conducive to experiencing altered states of consciousness" (p. 230). Recent studies by Nelson (1989) and Ring (1990) have supported the theory that attention-absorption may be an important component of the NDE personality. Ring's study did, in fact, show a pronounced history of emotional, physical or sexual abuse or parental neglect in the childhood histories of his 74 NDErs. Since childhood abuse often produces dissociative states, Ring hypothesized that these experiences may create an increased facility for experiencing or recalling altered states of consciousness. Since the NDE is generally considered to be an altered state of consciousness, attention-absorption may be a prime indicator of who will recall an NDE. Nelson (1989) uncovered a linear relationship between attention- absorption and the frequency of such mystic experiences that included psychic events and out-of-body experiences.

The issue of frequency of near-death experiences following a close brush with death has, like other demographic data, shown considerable range. The most reliable of these estimates in terms of

sample size was provided by George Gallop of the renowned Gallup Poll Organization. (Gallop & Proctor, 1982). This study suggested that a conservative estimate of the prevalence of near-death experiences would be about 5% of the adult population of the United States - a total of approximately 8 million adults. Gallop and numerous other researchers point to the fact that this percentage will surely increase in the near future as resuscitation procedures continue to improve. Locke and Shontz (1983) in their sample of university students observed a prevalence of 0.7%, while Kellehear and Heaven (1989) placed the prevalence at 10% of the general populace. The incidence of NDE following a close brush with death has been variously reported as 48% (Ring, 1980); 42% (Sabom, 1982); 24% (Sullivan, 1984) and 22% (Locke & Shontz, 1983).

NDE Effects

The NDE can thus be said to be an important event in terms of frequency, consistency of pattern and correlation (or lack of correlation) with important demographic variables. However, its most noticeable feature is its capacity to create profound effects on those who have experienced it. While many authors caution that the after-effects are not consistent in terms of impact, every researcher has also found cases of persons who experienced such intense NDEs that they were unable to resume their lives afterwards. These especially intense after-effects seem to be a consequence of the light experienced during the NDE. According to Melvin Morse, "I found that those who have experiences of light are the ones who have the greatest transformation. And the deeper that experience of light, the greater the transformation." (p. 68.)

One of the most frequent and powerful outcomes for survivors is a greatly reduced fear of death and a subsequent belief in an after-life (Atwater, 1988; Bauer, 1985; Flynn, 1982, 1986; Grey, 1985; Harris & Bascom, 1990; Moody, 1975,1988; Noyes, 1980, 1982; Raft & Andresen, 1986; Ring, 1980, 1984, 1990; Sabom, 1982, Sutherland, 1990a). These researchers agree that there is a spiritual 'awakening' and reorientation of life philosophy that is often quite remarkable. This may be accompanied

by a reduced tolerance for the dogma and prejudice of organized religion in favor of a shift toward nondenominational or spiritualist types of religious expression. This issue was especially addressed by Flynn (1982, 1986) who found in his small NDE sample (N=21) that they expressed the belief that life has an inner meaning (95%); feelings of the inner presence of God (95%); and a commitment to prayer (80%). While Flynn's subjects showed a 28% decrease in their commitment to conventional religion, Sutherland (1990b) reported a 16% decrease in her sample of 50 NDErs and Grey (1985) cited a 47% drop in traditional church service attendance in her sample of 38.

This shift in spiritual awareness is usually accompanied by a strong predisposition toward helping others and a need to express unconditional love to others. Phenomenological reports of the after-effects emphasize that NDErs are often frustrated that others cannot express unconditional love. They often state that such love forms the cornerstone of their new life philosophy (Atwater, 1988; Bauer, 1985; Flynn, 1986; Grey, 1985; Harris & Bascom, 1990; Moody, 1975, 1977, 1988; Ring,1980, 1984, 1990; Sabom, 1982; Sutherland, 1990a).

Compassion for others is very often seen in conjunction with a reduced interest in material wealth and social status and a much lessened tolerance for violence of any kind. These changes may be outcomes of other frequently cited after-effects such as enhanced self-worth and an improved sense of personal efficacy or power (Atwater, 1988; Clark, 1984; Flynn, 1986; Grey, 1985; Harris & Bascom, 1990; Raft & Andresen, 1986; Ring, 1984).

There have also been increasing numbers of reports of such provocative after-effects as the spontaneous and rapid development of psychic abilities. These include out-of-body experiences; perception of auras; clairvoyance; telepathy; precognition; awareness during dreaming (lucid dreaming); and healing abilities. These newly developed awarenesses may be quite frightening for the NDEr who is typically unable to explain or control them (Atwater, 1988; Grey, 1985; Greyson, 1983; Greyson & Stevenson, 1980; Kohr, 1983; Ring, 1980, 1984, 1990). In one recent study (Sutherland, 1990b), it was discovered that an Australian sample of 40 NDErs reported psychic experiences 2 to 3 times more commonly than

members of the general population. While no effort was made to validate these claims by Sutherland, a study done by American pediatrician Melvin Morse (1992) in Seattle, Washington with 100 adult subjects who had had NDEs as children did look for authentication of paranormal abilities. "Those tested in the NDE group had more than four times the number of validated psychic experiences as the normal and seriously ill group. Not only that, but they had twice the number of verifiable psychic experiences of those we tested who claim to be psychic" (pg 58).

Post - NDE Changes

Considerable knowledge has been collected about changes in values and beliefs following the near-death experience. Much less is known about how these changes are expressed and about how the NDEr adjusts to them. Many authors argue that readjustment to everyday reality can be very difficult (Atwater, 1988; Clark, 1984; Flynn, 1986; Greyson & Harris, 1987; Ring, 1984).

The Pembroke Pines Conference

An early attempt to explore the issue of post-NDE change occurred at a conference sponsored by the International Association of Near-Death Studies in February, 1984. The thirty-two participants - including physicians, a broad ranging group of academics and NDErs - proposed to explore clinical approaches to the emotional and interpersonal problems often seen as sequelae of the NDE.

"Specific intrapsychic problems brought about by the NDE include continuing anger or depression at the return from the near-death state, and difficulty accepting the return with what some NDErs refer to as "re-entry problems" or "withdrawal symptoms"; difficulty reconciling the NDE with prior religious beliefs or with prior values and lifestyles; excessive self-identification with the experience so that one thinks of oneself first and foremost as an 'NDEr'; and the fear that the NDE may reflect mental instability, a concern that can often be surmounted only by redefining normality. Interpersonal problems brought about by the NDE include a sense of exclusiveness or separation from those who have not had a

similar experience; a pervasive fear of ridicule or rejection from others; difficulty in integrating attitude changes with the expectations of family and friends; inability to communicate to others the meaning and impact of the NDE; difficulty in maintaining customary life roles that no longer have the same significance after the experience; and accepting the limitations and deficits of human relationships in lieu of unconditional relationships and feelings experienced during the NDE." (Greyson & Harris, 1987, p. 42-43)

The authors continue with a discussion of conference participants' suggestions for interventions while working with NDE clients but avoid delineating the process that leads to change. Instead, the authors suggest,"... the panel's heterogeneity precluded any unifying theoretical underpinning to the proceedings, other than an attempt to avoid treating the NDEr as either a diseased patient or as a helpless victim of the experience." (Greyson and Harris, 1987, p. 43)

Ken Ring's 'Quest for Meaning'

The question of how the NDEr processes the after-effects was addressed by Ken Ring (1984) as a 'quest for meaning' that virtually all of his sample of twenty-six NDErs embarked on. Since Ring's subjects had all been classified as 'core experiencers' (indicating that their experiences included especially profound after-effects), it may be assumed that the post-NDE change process would have been more difficult for them. He wrote,

"The NDE appears to trigger a strong inner drive for understanding as a result of which one's prior value orientation shifts away from the acquisition of conventional sources of self-esteem and moves toward the attainment of knowledge... This quest can be said to begin with an attempt to understand just why one had the NDE in the first place. Perhaps surprisingly, this is the question that 'makes sense' to about almost all NDErs." (Ring, 1984, p. 134) The second stage appears to include the realization that further personal development must include a strong spiritual or religious commitment. According to Ring,

"Several NDErs have told me that it is chiefly by using or sharing one's experience that it continues to grow and makes its purpose more evident" (1984, p. 126-137). The final stage of the quest for meaning "... involves an intentional search for what can be called higher consciousness". (1984, p. 137). Ring's extensive and careful research led him to conclude that it is the spiritual reorientation following an NDE that guides the integration process.

"All the transformations in the life of an NDEr - the changes in personality, relations with others, values and beliefs, - take place and are given meaning within the context of a spiritual understanding that is born in death but that requires life to be realized. Each piece of this transformation is part of this spiritual whole, and every piece can be comprehended only by reference to this whole...Thus, the NDErs' spirituality is the core of being from which all else flows." (1984, p. 163-164).

Pamela Atwater's Research

Ring's insights about the importance of meaning to the NDEr are confirmed by researcher and author Pamela Atwater who is herself a survivor of three separate NDEs. She explains in the opening chapters of "Coming Back to Life": that her own 'quest for meaning' led her to interview over two hundred other NDErs. Unfortunately, she does not identify exactly the same post-NDE change process as Ring, nor does she elaborate on the 'quest for meaning' issue in her evaluation of the patterns she discovered. She states that the initial response following an NDE is strongly emotional and may be either negative (anger, guilt, disappointment and /or depression) or positive (ecstasy, gratitude and/or awe). The next response is usually one of puzzlement during which the meaning of the event and its reality are questioned. Atwater explains that,

"Sometime during the early stages of recovery, each survivor needs to confront the most important question of all: will you accept or reject your experience? Until the survivor reaches a decision on this important question, I do not believe any real or lasting recovery can be made... Neither choice guarantees a positive or negative outcome, for this depends entirely on individual responses"

Once this decision is made, she estimates that about 25% of NDErs return to life as normal; 65% make significant changes in their lives; and 10% radically alter their behavior. (Atwater, 1988, p. 199).

For those in this latter group, she maintains that the disorientation will be most intense during the initial three years because of the survivors' intense interest in experiencing the newness of their surroundings. They have essentially been stripped of many of their former values and beliefs which leaves them extremely vulnerable to perceiving the world around them as unfamiliar and confusing. After the fourth year, NDErs once again become aware of others and of their social obligations.

"It takes at least seven full years before the average survivor regains true comprehension skills and finds comfort in being 'back on earth'.. Although few are those who ever 'fully' recover (and some never make the adjustment), the majority are surprised and even amused as to how much more 'normal' they and life became after the seventh year" (1988, p. 202)

Atwater sums up her chronology of integration by stating, "It really takes until after our seventh birthday before any of us can even begin to claim the kind of objectivity and discernment which characterize integration..." (1988, p. 205).

Bette Furn's 'Culture Shock' Theory

While Ring's research focuses on the change process as it relates to a 'quest for meaning' and Atwater's understanding of this process is more concerned with a general chronological pattern, clinician Bette Furn (1987) has suggested that the post-"NDE change is essentially identical to that seen in culture shock. Her theory is based, not on research findings, but on clinical experience and familiarity with cross-cultural counselling. She considers that, "The difficulties reported by NDErs bear a striking resemblance to those associated with culture shock, i.e., anxiety, depression, difficulty in discussing appropriate responses, and barriers to communication" (p. 13) Furn goes on to describe the stages of change. "The first stage involves the initial contact with what above was referred to as the host culture; for the NDEr that is the period immediately following the awareness of returning to the physical body....The second

stage is characterized by confusion and disorientation, as the individual becomes increasingly aware that his or her attitudes and values conflict with those of the majority culture....During the third stage, the individual may actively cultivate relationships with only those who share his or her culture, i.e., other NDErs....The fourth stage involves a gradual increase in coping skills and personal flexibility, along with a degree of comfort in one's status as both insider and outsider. The fifth, and final transitional stage is marked by an acceptance of cultural similarities and differences." (p. 14-15) Although this sequence seems to agree with Atwater's research, it fits less well with Ring's work since 'immigrants' don't typically search for the meaning of their existence in the host culture. In addition, Furn's theory does not specify exactly what "coping skills" and "personal flexibility" might look like nor does it describe in sufficient detail how acceptance of "cultural similarities and differences" occurs.

Carl Roger's Theory of Change

Near-death theorists and researchers certainly haven't been the only ones to show an interest in the process of change. One of the most respected researchers in this area has been therapist Carl R. Rogers. His phenomenologically based theories of the psychotherapy process have had a tremendous impact on the development of the humanistic approach to therapeutic psychology. Rogers is unique among humanistic theorists because his main source of inspiration and insight has been observations that have developed from psychotherapy sessions. Special attention is therefore given to the concept of self and how healthy individuals strive toward being or becoming fully actualized human beings. In his focus on the concept of self, Rogers believed that people's perceptions of the world and the meanings they attach to these perceptions (their phenomenal fields) are unique and that people will react to the environment on the basis of these perceptions. While acknowledging that the phenomenal field includes both conscious and unconscious components, the most significant determinants of behavior for healthy people are those perceptions which are either fully conscious or are capable of becoming conscious (Corsini, 1984).

Rogers believed that the self is an organized pattern of perceptions that is consistent, coherent and integrated. Rogers does state that, "Other terms synonymous with congruence are integrated, whole, genuine." (Meador and Rogers, 1984, p. 160). The self is conceived of as a patterned whole that can change in response to new experiences but yet retains a coherence and is generally available to awareness or consciousness. According to Rogers, emotionally healthy individuals attempt to maintain consistency among self-perceptions and congruence between experiences and self-perceptions. "Most of the ways of behaving which are adopted by the organism are those which are consistent with the concept of self" (Rogers, 1981, p. 507). When incongruence between experiences and self-perceptions occurs, either anxiety and a state of internal confusion develop or awareness of the experience is denied or distorted. However, Rogers did not dwell extensively on tension reduction as a motivator of human behavior but preferred to focus on self-actualization instead.

"We can say that there is in every organism, at whatever level, an underlying flow of movement toward constructive fulfillment of its inherent possibilities. In human beings, too, there is a natural tendency toward a more complex and a more complete development. The term that has been most often used for this is the 'actualizing tendency' and it is present in all living organisms" (Rogers, 1980, p. 117-118).

As part of this self-actualizing process individuals seek to maintain congruence between experiences and self-perceptions. This movement toward congruence is encouraged in the therapy session by certain conditions present in the therapeutic relationship. "Given certain conditions, the individual has the capacity to reorganize his field of perceptions including the way he perceives himself, and that a concomitant or a resultant, of this perceptual reorganization is an appropriate alteration of behavior." (Rogers, 1947, p. 361).

Rogers focused his attention primarily on the therapeutic conditions (especially on those characteristics of the therapist) that would assist in the move toward integration, congruence and self-actualization. According to this model, therapists provide three essential conditions in the therapeutic

relationship which facilitate change in the client. Therapists must be genuine or model for the client to have congruence between thoughts, feelings and behaviors. Empathic understanding is the condition which allows the therapist to accurately understand and reflect the client's experiences and personal meanings. The third condition, unconditional positive regard, addresses the therapist's capacity for communicating to the client genuine caring in an unconditional way (Corsini, 1984).

In summary, Rogers believed that clients in therapy develop more positive and congruent self-perceptions; changed perceptions and evaluations of others; and subsequent changes in behavior that reflect these altered perceptions. These changes are considered to be the result of the client experiencing genuineness, empathetic understanding and unconditional positive regard. In later life, Rogers came to believe that, when placed in an environment that reflected these three essential conditions, any person would move toward integration and actualization. In the following quote he goes one step further and seems to be hinting that self-actualization is part of the same process that leads to spiritual growth.

"Thus, when we provide a psychological climate that permits persons to *be* - whether they are clients, students, workers or persons in a group - we are not involved in a chance event. We are tapping into a tendency that permeates all organic life - a tendency to become all the complexity of which the organism is capable. And on an even larger scale, I believe we are tuning in to a potent creative tendency which has formed our universe, from the smallest snowflake to the largest galaxy, from the lowly amoebae to the most sensitive and gifted of persons. And perhaps we are touching the cutting edge of our ability to transcend ourselves, to create and new and more spiritual directions in human evolution." (Rogers, 1980, p. 134)

Rationale

Although a general consensus has emerged concerning the frequency and effects of the NDE, the same cannot be said for the process of change that follows it. The conceptual confusion surrounding this issue is sufficient reason to pursue research. However, other reasons also exist. If Gallup's estimate of a five percent prevalence rate is accurate, one could expect to find in excess of 100,000 Albertans who have

had this experience. This number would be even higher if those under the age of 18 years were included. Advances in the science of resuscitation and intensive care will likely push the prevalence rate up within the decade. Research to date indicates that the after-effects of an NDE are long-term and often intense for the NDEr and his or her family and friends. Without adequate understanding of the change process that follows an NDE, it will be difficult for the average clinician to intervene effectively because of uncertainty about how to evaluate the client's needs. In addition, research into this process may help to shed light on the role of spirituality in the therapeutic process and this understanding could possibly be applied to other client populations.

Therefore, the research question to be explored in this study is:

"What are the common experiential themes associated with the process of change following a near-death experience?"

Chapter 3

Philosophy of Methodology

Approaches to Research

Research into human psychology can be divided into two major streams. The first of these has been termed the scientific or natural science approach which aims at the objective explanation and eventual prediction and control of events in the natural world. The methodology of this approach is borrowed from the natural sciences (e.g., biology, physics and chemistry) and is founded on the assumptions that any phenomenon which is suitable for research must be observable, measurable and of such a nature that,"... it is possible for more than one observer to agree on its existence and characteristics." (Valle and King, 1978, p. 04). Because of these criteria, only observable behavior is sufficiently objective to be studied by experimental natural science methods. Mental events or conscious processes are considered to be too subjective and private. In reference to the natural science approach, Giorgi states, "If it is not measurable then it does not enter the psychological domain. It remains pre-scientific and therefore psychologically irrelevant"(1970, p. 65).

The second major stream of research concerning human psychology is termed phenomenology. This approach attempts to understand phenomena by using whatever is present in the awareness of those who experience these phenomena. Phenomenology conceives of the mind and body as one indivisible whole and focuses its attention on the life-world or lived experience of people as the primary source of raw data.

"The aim of phenomenologically informed research is to produce clear and accurate descriptions of a particular aspect of human experience. Recognizing that consciousness is different in essence from the objects of nature, it rejects the positivists' ideal of a single and unified scientific method that will be able to yield all knowledge. Phenomenological research holds that the unique characteristics of consciousness require a distinct kind of science, utilizing data gathering procedures and processes

designed specifically for developing general descriptions of experiential processes" (Polkinghorne, 1983, p. 44)

One of the key concepts in this quote is that people are not viewed as objects as they would be from the natural science perspective. There is emphasis in phenomenological research on the unity of the individual and the world that surrounds him or her. People have no existence outside of the world, nor does the world have an existence separate from the persons who inhibit it. This fundamental existential-phenomenological concept has been called co-constitutionality. Each individual co-constitutes the world and vice versa. An important extension of this concept of interdependence is that,

"Rather than having complete personal freedom on the one hand or being completely determined by the environment on the other, each person is said to have situation freedom; that is, the freedom (and obligation) of making choices within, and often-times limited by, a given situation which the world has thrust upon him." (Valle and King, 1978, p. 8-9)

Epoche and Bracketing

Since the focus of phenomenological research is on the realm of meaningful experience and each person's interaction with his or her world, objectivity is redefined as, "fidelity to the phenomenon" (Colaizzi, 1978, p. 52). In order for this fidelity to operate effectively, researchers must observe the phenomenon being investigated without judging or ascribing meaning prematurely. According to Katz (1987, p. 37),

"Epoche is a process that the researcher engages in to remove, or at least become aware of prejudices, viewpoints or assumptions regarding the phenomenon under investigation. Epoche helps enable the researcher to investigate the phenomenon from a fresh and open viewpoint without prejudgements or imposing meaning too soon. This suspension of judgment is critical in phenomenological investigation and requires the setting aside of the researcher's personal viewpoint in order to see the experience for itself."

Patton (1980, p. 408) adds,

"Epoche is an ongoing analytical process rather than a single fixed event. The process of Epoche epitomizes the data-based, evidential and empirical (versus empiricist) research orientation of phenomenology. Following Epoche, the second step is phenomenological reduction. In this analytical process, the researcher brackets out the world and presuppositions to identify the data in pure from."

Bracketing allows the subject being investigated to be seen independently of its standard meaning and novel interpretations of data become possible. Denzin (1989) suggests that once key phrases pertaining to the phenomenon under investigation have been identified, meanings are assigned to these phrases. These meanings are then analyzed to discover the recurrent and important features. The phenomenon is then tentatively defined in terms of its recurrent and essential features. The expectation is that after the researcher becomes aware of his or her own preconceptions about the phenomenon being investigated, interpretations of the subject's lived experience will be more accurate. By making explicit what outcomes the researcher may have anticipated and how various interpretations were reached, bracketing permits other researchers to evaluate the validity of each conclusion.

Validity

From the natural science perspective, validity is composed of three parts. Construct validity refers to how well the researcher's measurement of the phenomenon fits the construct that he or she intends to measure. (Smith & Glass, 1987) Internal validity is defined as, "... the extent to which a researcher's observations and measurements are true descriptions of a particular reality; external validity has been defined as the degree to which such descriptions can be accurately compared with other groups." (Kincheloe & McLaren, 1994, p. 151) These definitions of validity, coming from the positivist paradigm, assume the existence of an objective reality that can be accurately quantified. Phenomenological research, since it makes different assumptions about the world, requires an alternate set of criteria for research evaluation. "Trustworthiness, many have argued, is a more appropriate word to use in the context of

critical research. It is helpful because it signifies a different set of assumptions about research purposes than does validity." (Kincheloe & McLaren, 1994, p. 151). The criteria for trustworthiness proposed be Lincohn and Guba (1985) are credibility (similar to internal validity); transferability (external validity); dependability (reliability) and confirmability (objectivity).

Using these criteria bracketing, since it attempts to insure the accuracy of the researcher's observations and conclusions, would be included under credibility. Similarly when participants in phenomenological research are asked to comment on the fidelity of the researcher's descriptions and interpretations, an attempt is being make to confirm credibility. When the phenomenon being investigated has been accurately described by the researcher, the majority of those who have had the experience will have a "felt" sense of agreement with subsequent conclusions. This is called social consensus and is a form of empathic generalizability which replaces the statistical generalizability of the natural sciences approach. Osborne (1994, p. 34) states, "The focus of phenomenological research is the individual's experience of the phenomenon and generalization to others through empathic generalizability ('Does it fit for the reader?')". He adds, "Findings are valid to the extent that they resonate with the experiences of others who have experienced the phenomenon in question" (p.38). Empathic generalizability increases as the cultural diversity and total number of participants sharing a common description of the phenomenon increases. In addition two types of sampling procedures can have a direct effect on the empathic generalizability of research results. Criterion sampling, which aims to include participants that meet some predetermined criterion of importance, increases the probability of homogeneity within the sample. Another strategy for purposeful sampling, called maximum variation sampling,

"... aims at capturing and describing the critical themes or principal outcomes that cut across a great deal of participant or program variation. For small samples, a great deal of heterogeneity can be a problem because individual cases are so different from each other. The maximum variation sampling strategy turns this apparent weakness into a strength by applying the following logic. Any common

patterns that emerge from great variation are of particular interest and value in capturing the core experiences.... The evaluator using a maximum variation sampling strategy would not be attempting to generalize findings to all people or all groups but would be looking for information that elucidates variation and significant common patterns within that variation" (Patton, 1990, p. 172). Therefore, the use of these two sampling strategies increases the probability that research results will demonstrate empathic generalizability.

Juridical validity (Salner, 1986) is established to the extent that the researcher is able to persuade others of a connection between research results and an explanatory theory. Osborne (1994) states that because of the interpretive aspect of phenomenological research, "Rhetoric... is a critical factor in the presentation of a convincing case for the validity of the research findings" (p. 38).

Reliability

Reliability in a phenomenological study is also based on social consensus to the extent that different researchers of the same phenomenon arrive at similar meanings. Exact replication of meaning is however nearly impossible because each participant's life-world will be unique and will shift over time. In addition, because each researcher is an active participant in the description and interpretation of the phenomenon, results may vary between researchers as a function of insight and the quality of participation.

Phenomenological research is usually not generalizable to larger populations because of its very small sample sizes. According to Patton (1990),

"The logic and power of probability sampling depends on selecting a truly random and statistically representative sample that will permit confident generalizations from the sample to a larger population. The purpose is generalization. The logic and power of purposeful sampling lies in selecting information-rich cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research, thus the term purposeful sampling" (p. 169).

Audit Trail

The fourth component of trustworthiness is confirmability which builds on the audit trail left behind by the researcher.

"Careful documentation of the conceptual development of the project should leave an adequate amount of evidence that interested parties can reconstruct the process by which the investigators reach their conclusion. The audit trail consists of six types of documentation: raw data, data reduction and analysis products, data reconstruction and synthesis products, process notes, materials related to intentions and dispositions, and instrument development information" (Morse, 1994, p. 230).

In other words, a carefully documented audit trail permits other researchers to evaluate how objectively the conclusions were formulated. Without an adequate audit trail, researcher bias could influence conclusions in subtle but very important ways.

Chapter 4

Methodology

Presuppositions and Bracketing

One of the very important precepts of phenomenological investigation is that the data obtained from experience be as free of researcher bias as possible. In an effort to represent the objects of consciousness in their original appearance, the researcher purposefully disregards preconceived answers to the 'given' being investigated. According to Pocklinghorne (1981, p. 6-7), one approach is for the researcher to honestly and rigorously examine his/her expectations and prejudgements about that which is being investigated. My own presuppositions and expectations about the change process following a near-death experience are as follows:

1. The post-NDE change process will be an identifiable process that should be similar from one experience to the next.
2. This process will be at least partially dependent on the amount of time that has elapsed since the NDE.
3. The change process will depend on the 'depth' of the experience. Those who have had an experience of light during the NDE will be most profoundly affected and will subsequently have the greatest difficulty coming to terms with the NDE.
4. Pre-existing factors such as emotional stability and coping skills may influence the process of change.
5. Having the opportunity to discuss the experience with others who accept and value it will be of assistance.
6. Having a framework (whether it is spiritual and/or religious) that values and helps to explain the NDE will assist the change process.
7. Post-NDE change will be influenced by the meaning that the experiencer attaches to the NDE.

Participants

The purposeful sampling approach used in this investigation required that all participants meet four major criteria in order to be considered for inclusion. These criteria included, 1) participants must believe that they were close to death 2) they must be aware of after-effects from the experience 3) each near-death experience must include a description of light and 4) participants must be judged to be articulate and insightful about the NDE and its effects. These criteria were chosen to assist in focusing the investigation on a specific information rich sample. It was assumed that only those who were aware of after-effects would be able to comment on the process of integration. It was further assumed that those persons who had the most profound variety of NDE - one which included an encounter with light - would exhibit the most profound changes in beliefs and values and should therefore also demonstrate most clearly the post-NDE change process.

Of the thirteen people who were initially given the screening interview for this study, six were considered to be ineligible because they failed to meet one or more of the four criteria. Of those who did meet these criteria, one was chosen to participate in a trial run of the face-to-face interview because of the researcher's wish to gain greater facility with this type of interview. It was also anticipated that the effectiveness of the preformulated questions could be evaluated and reformulated if necessary. However, changes weren't required since these questions proved to be effective in the opinion of both the researcher and the trial run participant. This interview was not used for later data analysis. Two of the seven persons who met the selection criteria were released from the study after the face-to-face interview because they each admitted to being confused and/or very emotionally upset by the near-death experience. They were therefore considered to either lack the ability to articulate the experience or to have adequate insight into the change process. In both of these cases the NDE had occurred within the previous two years. Of the remaining persons, four met all of the selection criteria and subsequently became the participants on which this study focused.

Three of these participants are women. Ann, who is in her mid-forties, had her NDE nine years ago while recovering from surgery. Barbara, who is in her late fifties, had her experience during surgery about twenty years ago. Cathy's NDE occurred during the delivery of her second son approximately thirty years ago. She is now in her early fifties. The fourth participant, David, had his experience in 1969 at the age of fifteen when he was involved in a serious car accident.

Procedure

Each of the thirteen respondents to a local newspaper advertisement were initially screened in a telephone interview that lasted from fifteen to twenty-five minutes. All participants at this stage of the research were asked to give only their first name. Following this, the purpose of the study, procedures for continued assurance of confidentiality and subsequent phases of the research were explained. After being given the opportunity to ask questions, each person was asked to give a brief description of the experience. Questions were asked by the researcher to determine whether or not the other selection criteria were met. The six persons who did not meet these criteria were thanked for their participation and told why they would not be suitable for this study. There was no further contact with them. Each of the seven people who met the selection criteria were offered face-to-face interviews. All subsequent interviews occurred at the participants' homes at their request. At the beginning of each face-to-face interview the rights of each participant were again explained. This included the right to withdraw from the research without penalty; the right to not answer questions that caused discomfort and the right to confidentiality. Each participant was given the opportunity to be referred to an appropriate therapist if the discussion of their NDE was upsetting for them. It was also explained that this research requires each person to speak about actual experiences not about theories, expectations and previous reading on the subject. The consent form shown in Appendix A was read by each participant and signed. A free narrative of the NDE (see Appendix B) and its after-effects was then audio taped and a set of twelve open-ended questions was asked of each person (see Appendix C).

One of the participants was chosen for the trail interview on the basis of having a high level of insightfulness and an above average ability to articulate her experience and its effects. Two other people were released from the study following the face-to-face interview because of their inability to articulate the experience and/or their apparent lack of insight into the subsequent change process.

After completing the within-person and between-persons analysis, a validity check was done on these results by showing each participant the between-persons analysis and soliciting their comments. Each person was asked whether the analysis accurately represented their experience of change following the near-death experience. Each of the participants confirmed that this was an accurate analysis. Some minor adjustments were made to the cluster of themes called 'characteristic themes' as a result of the validation interviews. (See Table 3 and Table 4 in chapter 5)

Data Analysis

Colaizzi's hierarchical thematic analysis (1978) was performed on each of the four interview transcripts. The researcher's presuppostions were recorded throughout the analysis as a form of validity check. Each of the transcripts was read several times to gain perspective on which portions of each interview pertained to the process of change following the NDE. Once these portions had been identified, pertinent quotes were extracted. Each quote was condensed into a paraphrase and each paraphrase then had a theme extracted from it that highlighted its essential meaning. These first order themes were briefly compared between participants to see if similarities were present. Since the number of first order themes was very large, it was decided that a further abstraction and refinement of themes was required. A set of second order themes was subsequently created from the first order themes. These second order themes were both fewer in number and better illustrated the between persons similarities. The second order themes were tabulated and served as the basis for the between-persons analysis. The final phase of analysis involved the construction of a comprehensive narrative. This narrative represents the important elements of the change process as experienced by the four participants.

The following is a list of the limitations and delimitations that the researcher became aware of through the course of this research:

Limitations:

1. The questions were not sufficiently open ended.
2. The sample size was small
3. No information was collected on participants' coping skills, emotional stability or other personality factors that may have influenced the post-NDE change process.

Delimitations:

1. A narrow focus on core NDEs was achieved through the use of criterion sampling.
2. The focus was restricted to articulate and insightful persons.
3. The broad range of experiences in the sample caused significance.

Chapter 5

Results

Within-Person Analysis

After interviewing each of the four participants, a within-person analysis was conducted to attempt to discover important themes relating to the process of post-NDE change. Statements or quotes that pertained to this process were extracted from each interview. Each quote was then paraphrased to focus attention on its important elements. The meaning of each paraphrase was refined so that a first order theme emerged. Unfortunately, these first order themes, when compared between participants, did not show significant similarities. In fact, there appeared to be a number of incompatible themes. Therefore, the within-person analysis was continued and each first order theme was further abstracted to create a second order theme. Once the second order theme of congruence had emerged, other themes began to fit into an overall pattern. It was discovered that a variety of previously disparate themes could be integrated into a few major clusters for subsequent between-person analysis.

Table 1, below, shows an example of the development of second order themes from first order themes, paraphrases and quotes for one of the participants. The same process of analysis was employed for all participants.

Table 2, which follows Table 1, continues the within-person analysis by showing all of the second order themes that were discovered.

Table 1

Within-Person Analysis

Thematic Abstraction of One Participant's Experience

Excerpts from Transcribed Interview	**Three Levels of Abstraction**	
Ann's Quotes	Paraphrases	First Order Theme
1. ...the realization that I wanted to be the very best mother and that I came back for my children was right now.	Immediate awareness of a wish to become a better mother.	Awareness of need for behavior to match wish Second Order Theme Awareness of need for congruence.

Ann's Quotes	Paraphrases	First Order Theme
2. You only have to be without what you want most for a very short period of time before you appreciate it a whole lot. When I came back knowing that I could have been without my children, who were my strongest heart pull... My patience with them, my acceptance of them no matter what, was probably the biggest change. ... And more accepting of other people too... The unconditional love that I felt over there, I felt like that should be more the unconditional love that we give over here.	Increased appreciation of and patience for her children.	More accepting of her children.

Second Order Theme

Increased acceptance of others.

Ann's Quotes	Paraphrases	First Order Theme
3. If I knew that they (spirits) knew what my life had been and yet there was this total acceptance of me without me even saying, "I'm sorry"... Well then why should I be so hard on myself when I came back? So there was more of an acceptance of myself.	If spirits, who knew everything about her, could still accept and forgive her, then she could accept and forgive herself too.	NDE created self forgiveness and self-acceptance. Second Order Theme Increased self-acceptance.
4. I altered my actions and reactions to fall more in line with how I should be living as an individual... I was more into the attitude of being willing to learn to change. I knew that I should be a more patient person, but it was sort of like,	Actions changed to better match beliefs because of a conscious and determined effort.	First Order Theme Conscious effort to match behavior with self-perceptions. Second Order Theme Congruent behavior is a conscious choice.

Ann's Quotes	Paraphrases	
4. (con't) "Okay, how can I be more patient through this?" It was a stopping... It was a determined effort.		
5. I felt total love and total acceptance. I felt loved. I felt how I could be loved. I felt lovable. And I am very well loved now by a husband who is just awesome. And I think part of the reason is because I'm a changed person because I am allowing somebody to love me.	Experience of being unconditionally loved and accepted during NDE has created increased self-acceptance.	First Order Theme Unconditional acceptance causes self acceptance. Second Order Theme Increased self-acceptance.

Table 2

Within-Persons Analysis

Second Order Themes

Ann	Barbara	Cathy	David
Increased self-acceptance.	Increased self-acceptance.	Increased self-acceptance.	
Increased self-confidence	Increased self-confidence.	Increased self-confidence.	
	Psychic abilities.		Psychic abilities.
Spirituality		Spirituality.	
		Increased self-worth	
Increased acceptance of others.	Increased acceptance of others.	Increased acceptance of others.	

Ann	Barbara	Cathy	David
Increased compassion for others.	Increased compassion or empathy for others.	Increased compassion or empathy for others.	
Awareness of need for congruence.	Awareness of need for congruence.	Awareness of need for congruence.	
Congruent behavior is a choice.	Congruent behavior is a choice.	Congruent behavior is a choice.	Congruent behavior is a choice.
Satisfaction from congruence.		Satisfaction from congruence.	Satisfaction from congruence.
More loving toward others.			

Between-Persons Analysis

The between-persons analysis was then done using the second order themes. It was discovered that these themes could be divided into two major clusters. The first of these clusters was called the "characteristic themes" because they were shared by all participants. These "characteristic themes" were: a) enhanced perceptions of self b) enhanced perceptions of others, and c) enhanced behavior which created congruence with the enhanced perceptions. (See first section of Table 3 on next page).

The second major cluster of themes was called "important themes" because, although these themes also address the process of change, they highlight differences between the participants. The "important themes" are: a) others' response to the NDEr's attempts to discuss the experience b) whether an the choice to return was present during the NDE, and c) the search for meaning following the NDE. (See second section of Table 3).

Table 3

Thematic Analysis

Between-Persons Analysis

Prevalidation Interview

A. Characteristic Themes	Participants Who Reported This Theme
1. Enhanced perceptions of self	
Increased self-acceptance	Ann, Barbara, Cathy
Increased self-confidence	Ann, Barbara, Cathy
Increased self-worth	Cathy
Psychic abilities	Barbara, David
Spirituality	Ann, Cathy
2. Enhanced perceptions of others	
Increased acceptance of others	Ann, Barbara, Cathy, David
Increased compassion or empathy for others	Ann, Barbara, Cathy, David
3. Enhanced behavior	
Awareness of need for congruence	Ann, Barbara, Cathy, David
Congruent behavior is a choice	Ann, Barbara, Cathy, David
Satisfaction from congruence	Ann, Cathy, David
More loving toward others	Ann

B. Important Themes	Participants Who Reported This Theme
1. How others responded	
Accepted NDE	Ann
Rejected NDE	Barbara Cathy David
2. Choice to return	
Choice	Ann Cathy David
No choice	Barbara
3. Search for meaning	
Present	Barbara Cathy
Not present	Ann David

Characteristic Themes

A. Enhanced perceptions of self

Table 3 shows that this sub-theme is composed of five different categories. Three of the participants were aware of increased self-acceptance and self-confidence. Increased self-worth was reported by only Cathy. Enhanced psychic abilities were reported by two participants. David discussed his ability to foretell future events and Barbara revealed having healing abilities. Enhanced spirituality either in the form of a more personal or more intense relationship with God was reported by Ann and Cathy.

B. Enhanced perceptions of others

Three participants were aware of having an increased acceptance of others. All participants reported having increased compassion or empathy for others.

C. Enhanced behavior

The characteristic theme of enhanced behavior is composed of four sub-themes. Each participant was aware of a need for congruence between their beliefs and behavior at some point following the near-death experience. Ann and Cathy reported that this awareness occurred for them within hours of the NDE. Barbara's awareness of a need for congruence seems to have happened approximately one to one and a half years after her experience. For David, this awareness occurred about ten years after his NDE. Having become aware of this need for congruence, each person stated that there was a choice or conscious effort involved in changing behavior. Each person recognized that their behavior would have to match their changed beliefs and values. Once this congruent behavior began to occur, three of the participants reported experiencing a sense of satisfaction. Enhanced behavior for Ann also included expressing love more openly and more unconditionally toward others.

Important Themes

A. How others responded

The major cluster of themes called the "important themes" is divided into three sub-themes that all relate to the post-NDE change process. The first sub-theme represents how others responded to the NDEr's wish to talk about his/her experience. Ann was the only participant in this study to receive an unanimously positive response from others. It may also be important to note that Ann's NDE occurred only eight years ago and represents the most recent of the four. In contrast, Cathy's NDE occurred thirty years ago and, although she received an indifferent response from her physician, her mother-in-law did allow her to talk about the experience. Twenty five years ago, when David had his experience, he was labeled as suffering from brain damage and his story was rejected by everyone that he spoke to. When Barbara attempted to come to terms with her NDE twenty years ago and sought the help of several psychologists and psychiatrists, she felt that she was being judged as mentally unstable.

B. Choice to return

Ann, Cathy, and David each believe that they were allowed to choose whether they would return to "this side" during their respective NDEs. All three had died suddenly and had been in good health prior to the experience. Barbara, on the other hand, had experienced months of intense pain prior to her surgery induced NDE. She was not given the choice to return by her relatives 'on the other side' and subsequently experienced much frustration and anger over being forced back into a body that she didn't wish to be in.

C. Search for meaning

Barbara's difficulty with the process of change following her NDE was reflected in her subsequent long and difficult search for the meaning of this event. Her search seems to have been further complicated by her prior twenty years of experience as a psychiatric nurse. While Cathy also searched for the meaning of

her NDE, she had little difficulty accepting its reality or significance. Neither Ann nor David reported searching for the meaning of their near-death experience. Both revealed however, that they chose to interpret their experience as being of a religious nature.

The Validation Interview

In the third and final interview, each of the four participants was presented with the results from the between-persons analysis. After explaining to them the meaning of each theme and sub-theme, they were invited to ask questions and comment on the analysis. The response from each participant was favorable and indicated that both the characteristic and important themes accurately reflected their experiences. However, each participant expressed concerns about not being represented in some of the categories under "characteristic themes". For example, Ann was aware of increased self-worth following her NDE but hadn't mentioned this during the second interview. Cathy requested that her name be added to the category of 'More loving towards others'. These alterations to the 'characteristic themes' are presented in Table 4 which follows. The 'important themes' remained unchanged following the validation interview.

Table 4

Between-Persons Analysis

Postvalidation Interview

A. Characteristic Themes	Participants Who Reported this Theme			
1. Enhanced perceptions of self				
Increased self-acceptance	Ann	Barbara	Cathy	David
Increased self-confidence	Ann	Barbara	Cathy	David
Increased self-worth	Ann	Barbara	Cathy	David
Psychic abilities		Barbara		David
Enhanced Spirituality	Ann	Barbara		David
2. Enhanced perceptions of others				
Increased acceptance of others	Ann	Barbara	Cathy	David
Increased compassion or empathy for others	Ann	Barbara	Cathy	David
3. Enhanced behavior				
Awareness of need for congruence	Ann	Barbara	Cathy	David
Congruent behavior is a choice	Ann	Barbara	Cathy	David
Satisfaction from congruence	Ann	Barbara	Cathy	David
More loving toward others	Ann	Barbara	Cathy	David

B. Important Themes	Participants Who Reported this Theme
1. How others responded	
Accepted NDE	Ann, Cathy
Rejected NDE	Barbara, Cathy, David
2. Choice to return	
Choice	Ann, Cathy, David
No Choice	Barbara
3. Search for meaning	
Present	Barbara, Cathy
Not present	Ann, David

Chapter 6

General Discussion

The focus of this investigation has been the change process that follows a near-death experience. Because this topic was approached from a phenomenological perspective, it was recognized that each participant would have a unique story to tell and a unique set of circumstances to deal with in their attempts to come to terms with the experience.

In an effort to better comprehend the unique starting point of each participant on his/her journey following the NDE, much information about the impact of the experience was elicited. Although it initially appeared that this information was not directly applicable to the research question, the researcher's intuitive hunch about its value was eventually proven. Understanding the impact of each NDE was an essential starting point to understanding the subsequent change process. Had this information not been available, the characteristic themes could not have emerged.

The starting point on the journey of change following a near-death experience appears to be an awareness of enhanced perceptions of self. Each participant was able to articulate a variety of such changes including enhancement of self-acceptance, increased self-confidence and self-worth. The first of these themes, 'Enhanced self-acceptance', was described by Ann. "I felt total love and total acceptance. I felt loved. I felt how I could be loved. I felt lovable. And I am very well loved now by a husband who is just awesome. And I think part of the reason is because I'm a changed person because I am allowing somebody to love me." Ann added, "... if I knew that they (spirits) knew what my life had been and yet there was this total acceptance of me without me even saying, 'I'm sorry'... Well then why should I be so hard on myself when I came back? So there was more of an acceptance of myself." Self-acceptance was expressed by Barbara as, "...would you believe that when I was able to go back to work I started selling lingerie? Yeah, and I mean, that was as remote for me as another world... So I did change. I was able to

start touching on my feminine self in a different way than I'd ever done before." Cathy simply stated, "I liked myself better aftermy experience. I was more confident in myself, more self-assured... It's like I can create my own reality now. And it doesn't matter who tells me, 'No'. If I believe that it's right for me I can make it happen."

Ann and Barbara also agreed that they had experienced increased self-confidence. Said Barbara, "I knew that I no longer had to stay in any one little pigeon hole... I didn't have to worry about looking good. I didn't have to worry about a lot of things that I worried about before. I became much more confident." She added later, "And I know from that experience that I was really loved... But even though I was forced back, I know that that was out of love. And it gave me courage that somebody cared enough to do that." For Ann, the issue of self-confidence was combined with self-acceptance and self-worth. "More than anything else this experience that I had was a confirmation. It was a confirmation of what I believed in. It was a confirmation of doing and being right.... A definite confirmation that I wasn't a mistake and I wasn't an accident. I was here for a purpose."

Enhanced self-worth was initially only identified by Cathy as being an important element of enhanced self-perceptions. However, in the post-validation interview, all of the other participants readily acknowledged that their own self-worth had also increased. Cathy explained that after her NDE, she was aware of having a much different role in her troubled marriage. "I got back my self-worth. I realized, 'Oh no. He's not putting me down anymore. I'm as good as he is.' Instead of being a doormat I became an individual, not just someone's wife. I became me."

This constellation of enhanced self-perceptions is so common that it was specifically identified by Ring (1984, p. 101 - 102) in his extensive study of core experiencers.

"When I asked them to address the question of how they now felt about themselves, their remarks would usually refer to their greater feelings of self-acceptance, self-confidence, self-worth and so on. In short, one of the strongest findings of this research with respect to personality changes is that after their experience, NDErs like themselves more. This conclusion not only is supported by my interview data, but also is overwhelmingly seconded by NDErs' questionnaire responses."

Similar constellations of enhance self-perceptions have also been reported by Grey (1985), Moody (1988) and Sutherland (1990b).

Self-perceptions also changed for two of the participants because of the appearance of psychic abilities. Although Barbara prefers to call her psychic abilities "spiritual gifts", she believes that her NDE enhanced healing powers that she had always possessed. "I'm a healer... this experience has taken me into a very deep place of healing... It might be laying on of the hands or it could be just stroking somebody's head... I did those things before (the NDE) but never as consciously as I do them now... that's part of who I am and I do it and I do it quietly." David, on the other hand, believes that his psychic abilities developed as the result of a conscious request. "And I finally decided that I'm going to pray publicly for penance. I wanted God to punish me for what I did (stealing and wrecking the car in which he had his NDE)... I started praying to be the bearer of sad tidings.... Now I'm able to foretell when sad things will happen."

The frequency of increased psychic abilities following NDEs had been reported by several authors as being prominent and highly significant. Melvin Morse (1992) states, "Those tested in the NDE group had more than four times the number of validated psychic experiences as the normal and seriously ill groups. Not only that, but they had twice the number of verifiable psychic experiences of those we tested who claim to be psychic." (p. 58). Statistically significant frequencies of increased psychic abilities have also been reported by Greyson (1983 c), Kohr (1983), Ring, (1984), and Sutherland (1990a). The true significance of this finding however may not lie in its frequency, but rather in its explanation. As Ring (1984) explains,

"Starting from the assumption found in the world's traditional spiritual teachings that one can anticipate psychic abilities as a by-product of spiritual growth, we have shown that the NDE itself does seem to lead to accelerated psychic development in many experiencers. This of course is consistent with our view that the NDE serves principally as a catalyst for spiritual awakening and development. Not only is my own research supportive of this interpretive line, but so is the work of other independent investigators." (p.192).

In addition to helping explain why many NDErs search for meaning after the experience

through spirituality and religious practices, these comments also suggest why a deliberate search for and development of higher states of consciousness is often the end product of this search. Higher states of consciousness, since they are not well publicized and often not well received in the West, are not an easy concept to understand or accept for the average NDEr. As Ring (1984) points out, the unexpected nature of the NDE further complicates matters.

"NDEs, in my view, represent a brief but powerful thrust into a higher state of consciousness. Unlike the meditative disciplines we have alluded to, however, the NDE is not a breakthrough that occurs as a result of a long period of voluntary spiritual training. Rather it is an involuntary and sudden propulsion, usually without warning or preparation, into a realm of profound spiritual illumination." (p. 170).

David's acceptance of his psychic abilities appears to be a consequence of his request for them. Barbara's acceptance of this after-effect still seems to be incomplete. "I don't understand this healing stuff. I don't understand it at all. It just blows my mind... And I don't own this one very well, okay?. I don't own it very well at all."

In describing their enhanced spirituality after the near-death experience, Ann and Cathy implied that their relationship with God has become more personal. According to Ann, "There was this earthly-heavenly bonding that happened with me in this experience where it was this unconditional love and wanting to be the best that I could be for my heavenly Father while I'm here on earth... my faith before was a learned acceptance whereas my faith now is a firsthand experience." Ann became a more active and committed member of her church after the NDE, but this wasn't the outcome for Cathy. "I was brought up in the R.C. religion so we had 'Our Father' and 'Hail Mary' and stuff like that and we said the rosary. I don't do that anymore. I just talk to God as I'm talking to you... And I feel much closer now to God." Other researchers have reported that some NDErs do shift toward a nondenominational or spiritualistic type of faith. Flynn (1986) indicated a 28% decrease in commitment to conventional religion in his sample of 21 NDErs. Sutherland (1990 b) discovered a 16% decrease in regular church service attendance in her sample of 50, while Grey reported a 47% drop in this category (N=38).

Within the category 'Enhanced Perceptions of Others,' the changes most often mentioned included increased acceptance of others and increased compassion or empathy for others. Ann stated,

"You only have to be without what you want most for a very short period of time before you appreciate it a whole lot. When I came back, knowing that I could have been without my children, who were my strongest heart pull. My patience with them, my acceptance of them no matter what was probably the biggest change... and more accepting of other people too... The unconditional love that I felt over there, I felt like that should be more the unconditional love that we give over here."

Cathy explained, "What I do now (after her NDE) is I take time to listen to people. Their problems, if I can help them out, if they ask me for help, I try to help... Other people are very important to me now. Their emotional, psychological, their feelings are important to me... when I look at them I realize that their body's just like the shell of an egg, you know? It's the person that's inside that's important. And so that's the way I spoke to people... how I perceived people. Not their physical image but... their character."

Barbara expressed the conviction that "... I was always very compassionate, very loving, very giving. And after the surgery I was still all of those things but I was more conscious of them." David was similarly effected by his NDE.

"I cherish things more now. I appreciate my friends more... (before the NDE) I had no clue of what respect was. Now I have respect for other people's property. Also other people's emotions because that is their property too. It makes me think that I have opened up. It developed empathy in me."

These enhanced perceptions of others have been discussed by every major researcher: Atwater (1988), Flynn (1982, 1986), Gallop (1982), Grey (1985), Greyson (1985), Moody (1975), Morse (1992) Ring (1980, 1984, 1994), Sabom (1982), Sutherland (1990 b). Ring succinctly summarizes this transformation by stating that the NDEr, "...becomes more compassionate toward others, more able to accept them unconditionally. He has achieved a sense of what is important in life and strives to live in accordance with his understanding of what matters." (1980, p. 158).

The last sentence of the preceding quote is especially important because it penetrates to the heart of the change process. Having become aware of what is important, there follows a striving to live in

accordance with these changed values and beliefs. The third characteristic theme, 'Enhanced Behavior,' both confirms this sequence and adds to it.

Each participant identified changes in behavior that he/she believed were a natural consequence of these enhanced perceptions of self and others. There was variability however, in the time that elapsed between the NDE and the awareness of a need to change. Interestingly, only two people reported being immediately aware of this need for changed behavior. Ann and Cathy both knew that they were different within a very short time of "coming back". Ann explained, "... the realization that I wanted to be the very best mother and that I came back for my children was right now... I knew what was important. I knew what I had to change. I knew immediately." Cathy's NDE left her with a similar effect. "When you come back you don't feel like the same person that you were before... before I left the hospital I knew that I was different." The other two participants were each hospitalized and on heavy doses of analgesic medication for several weeks after their NDEs. Barbara's initial reaction to her NDE was intensely emotional. "I was really mad! In fact I was so mad that I was agitated for probably three weeks after surgery... I didn't want to come back to that pain and to be in this body." After calming down and accepting that she would have to remain "on this side", she focused her energies on healing. She admitted to having considerable difficulty with memory and concentration so that it is unclear when she became aware of the need to change. David was also hospitalized and semi-comatose for several weeks after his NDE. Following his release from hospital he struggled to come to terms with his serious physical disabilities. Although David's NDE occurred in 1969, his behavior remained largely inconsistent with his values.

"Many years later, about 1980 or so, I was watching a show called 100 Huntley Street and it was like having my head shaken and woken up. I was in tears and I was crying. I was living in such sin. I had turned into an alcoholic and I was only working to get enough alcohol to last me a couple of months... And we (he and his wife) did nothing but get drunk and me beating her up when I drank. And I saw 100 Huntley Street and I decided to change. I decided to be a better Christian".

Although Ring makes several vague references to the awareness of a need for behavior to match

beliefs in his theory of 'the quest for meaning', neither he nor any other NDE researcher to date, appears to have explored the change process from the perspective of congruence. Carl R. Rogers, the well known American phenomenologist and therapist, spoke of the need for congruence between perceptions of self and actual experience in order for individuals to be emotionally healthy. His observations, based on many years of experience as a psychotherapist, strongly suggested that, "Most of the ways of behaving which are adopted by the organism are those which are consistent with the concept of self." (1951, p. 507) As the preceding discussion on enhanced self-perceptions indicated, each of the four participants in this study did experience a dramatic shift in his/her concept of self. According to Roper's theory, once each person became aware of this shift, behavior would also tend to shift in such a way that it would remain consistent or congruent.

The need for congruence was quickly apprehended and acted upon by several of the participants in this study. According to Ann,

"I altered my actions and reactions to fall more in line with how I should be living as an individual... I was more into the attitude of being willing to learn to change. I knew that I should be a more patient person, but it was sort of like, 'Okay, how can I be more patient through this?' It was a stopping... It was a determined effort."

This theme was echoed by Barbara who explained,

"I think I learned how to make conscious choices after that (NDE). That's what I'm saying. Living in the minute. Living in the now, consciously, moment by moment... And I think if that experience was anything for me it was to help me make conscious decisions... So I became acutely aware of everything around me. I was mindful about my own life. I made some very direct changes in my life too. Like my husband had an alcohol problem. I no longer was codependent on his issues in his life. I remember doing the Twelve Steps Program through AADAC and confronting him with it. I did a lot of changing. I never had the courage to do those things before."

The behavior change that Cathy chose seemed to be focused largely on her relationship.

"When I came back it was completely different and he noticed the difference. Instead of everything was done for him, to please him, I would stand up for myself. I just knew somehow that I could do it. And I remember telling him, 'You have been wrong. You don't know how to treat a woman. But I've been wrong too because I've let you. And this is going to stop and it's going to stop right now.' He told me that it wasn't even like talking to me. He said it was as if somebody else was in my body."

Having begun to make changes in their behavior, several of the participants commented on their subsequent satisfaction. Cathy simply said, "I felt good about myself when I started to stick up for myself." According to David, "When I'm giving homage to God, I feel warm and happy." Ann indicated that using her NDE-derived knowledge actually helped her to come to terms with the experience.

"It was helpful just giving other people hope. You know, sharing the experience definitely helped. It helped me feel good about what I had gone through and it helped me understand it. It also made me feel good because I was helping other people. I was being the person that I was supposed to be and doing what I was supposed to do."

Further evidence for the operation of congruence comes from another example of enhanced behavior following the NDE-being more loving toward others. While recounting the after-effects that she was aware of following her NDE, Ann remarked, "I was far more demonstrative in my love for my children and told them continuously how much I loved them. I was a lot more demonstrative in my affection to even just my friends." Although only Ann spoke of this change, it appears that the other participants were also aware of it. During the postvalidation interview each participant was asked to comment on the between-person analysis. Barbara said of the 'More loving toward others' statement, "I would say that I fit in that category... I've always been very compassionate but now I'm more loving in a different way. Before I might have thrown you a fish but now I'm going to teach you to fish." Cathy reiterated that her concern for others and wish to help them was a direct consequence of becoming aware of the interconnectedness of everyone. She also believed that she was able to better demonstrate love toward others. David was mildly surprised by his lack of inclusion in this category. "You know it's funny

that I never mentioned that, but I believe that because of what I said about having more empathy, that I'm more loving and I'll accept somebody easier now."

In a similar fashion, after confirming that the between-persons analysis was accurate, each participant reflected on the categories where their names did not appear. They requested that these spaces be filled in to more accurately reflect their experiences. Consequently, as Table 4 shows, each participant had experienced all of the effects present in the 'characteristic themes' section of the analysis except for 'psychic abilities'. This homeogeneity may be seen as further evidence that the sampling procedure was effective. Unanimous agreement on the 'characteristic themes' also implies that the process of post-NDE change was common in its basic elements to each of the participants in this study. They seem to agree that the awareness of changed perceptions of self and others following an NDE creates a subsequent awareness of a need to change behavior. This enhanced behavior was, at least for these participants, the result of a conscious choice to become congruent.

While those elements identified as 'characteristic themes' reinforced the similarities among participants' post-NDE journey, the 'important themes' highlighted the differences. The first of these three 'important themes' indicates that how others respond to the NDEr's wish to talk about the experience can have an effect on the process of change. Ann was the only participant in this study to receive an unanimously positive response from others. "I told my sister. I told probably three or four friends almost immediately. Not one of them laughed or scoffed or said, 'You got to be kidding.' Nobody. Everybody I've ever shared it with has been in awe of the experience." It should be noted that Ann's experience occurred only eight years ago. In stark contrast, David's experience occurred 26 years ago. "I needed to tell everybody this story (about his NDE). People laughed at me. People scoffed me. People said, 'David you had so much brain damage. It's just a dream, don't you remember'.... It was stressful because I couldn't tell enough people fast enough and the ones I was telling wouldn't believe me. So I stopped talking about it for quite a few years." When Cathy spoke to her obstetrician-gynecologist about her near-death experience, (which occurred thirty years ago) she was disappointed.

"I was trying to tell him about the nurse with the red hair and the nurse with the blonde hair and what they were doing during the resuscitation. I saw how he was working on the baby. I saw him put the sheet over my face. But it seemed like it was too scary for him. He didn't want to hear about it. He said something like, 'Yeah, yeah. How are you feeling now? You have a nice baby. I have to get on with my rounds now.' He thought I was crazy. I was wasting my time talking to him.... But several months later I was talking to my mother-in-law about it and she said that she was glad that I came back. She believed me and it felt good to have somebody to talk to."

Although Cathy was able to find someone who affirmed her experience, Barbara was not as fortunate. "I tried to tell Dr. Jones why I was so agitated but he didn't take me seriously. He was just kind of a fatherly type and he said, 'Oh, you're okay.'... I was very emotional (after being released from the hospital) but I had nowhere to take it. I remember going to a Christian counselling agency (in 1974) to talk to somebody and this woman just looked at me as though I was from Mars. So I went to a number of psychologists and psychiatrists but I could not find anybody that I could relate this story to."

As reported by the participants, others' response to the NDE can have very significant impact on the experiencer. Bruce Greyson and Barbara Harris, as official reporters of the Pembroke Pines Conference in 1983, were adamant about the importance of this response. "The response of a counselor, therapist or health professional to an NDE may influence critically whether the NDE can be integrated and used as a stimulus for personal growth, or whether it is hidden away -but not forgotten- as a bizarre event that clashes with the individual's everyday life and may be regarded as a sign of mental instability." (1987, p.43).

The second 'important theme' to emerge from the data focused attention on whether or not participants had been given the choice to return during the NDE. Only Barbara believed that she had been sent back against her will. Each of the other participants voluntarily chose to return out of concern for others. None of them experienced Barbara's intense agitation during post-NDE recovery; nor had they experienced intense, debilitating pain for several months prior to the NDE. As with the previous 'important theme', the choice to return was also recognized at the Pembroke Pines Conference as being a

potential obstacle to post-NDE change. "Specific intrapsychic problems brought about by the NDE include continued anger or depression at the return from the near-death state, and difficulty accepting the return, with what some NDErs refer to as 're-entry problems' or 'withdrawal symptoms.' (Greyson and Harris, 1987, p. 42).

Although not identified in the literature, it appears that the 're-entry problem' may be related to the emotional and physical trauma that created the NDE. In Barbara's case, her gynecological surgery was preceded by months of pain. Her coming to terms with of the after-math of this procedure required changing her perceptions of her own femininity as well as with the complications of both the medications and the rather prolonged resuscitation effort. Barbara's agitation may also have been a by-product of the rejection that she experienced during her NDE. In a similar fashion, David had a promising career ahead of him as a hockey player when his ambitions and his body were smashed by the car accident that caused his NDE. He referred to this frustration and disappointment after the accident several times during the face-to-face interview.

"I felt lost though, I did. Because my goal was to become a hockey player and I knew that I could never be a hockey player and so then I turned into an alcoholic... That was a decision that I made. I don't think that too many people sit down and decide to become alcoholics, but I did. 'What am I going to do with the rest of my life?' I was fifteen years old. My whole life had been dedicated to being a hockey player."

While it might appear that David's subsequent alcohol abuse was an effort to deal with the NDE, it may be more appropriate to consider this abuse to be a result of the accident's physical and emotional trauma.

The third 'important theme' involved how participants came to understand the meaning of the experience. Although both Barbara and David had major adjustments to make, only Barbara reported engaging in a lengthy and intense search for the meaning of her near-death experience. This search represents the third important theme in the change process. Barbara said,

"I had to learn everything that there was to learn about this thing and then I found out that there was nothing to learn. It was truly my process. There was no answers out there for me. And that's when I started to go inside and really started a true self-discovery. I took every course that I could find. So I guess the process for me was to learn about myself." Barbara's search for meaning may also have been complicated by her beliefs. She had had a traditional psychiatry nurses' training and about twenty years of experience in various mental health settings. In fact, she had represented the medical perspective on these experiences during a panel discussion with a famous researcher just one year prior to her own NDE. "Like I said to Dr. Kubler-Ross, 'I eat my words about saying that near-death experiences don't happen when I sat on that symposium with you.'". This contact seems to have been important for Barbara as she searched for meaning. "I wanted to know why it (NDE) had happened and I wanted to be reassured that I wasn't crazy. And then, when I couldn't get any answers, I just decided that this was the way it was and because I'd met Kubler-Ross, I decided it was okay. And I gave myself permission to just be okay inside of it and just started the self-exploration."

Cathy was also motivated to search for the meaning of her NDE.

"Yeah, I did search for answers because I got most of Ruth Montgomery's books and the first one was called, A Search for the Truth... So I started reading metaphysical books after the experience because I wanted to know more than I knew. But I never doubted what had happened to me... Nothing in the experience made me question it. From seeing my body on the bed before they put the sheet over my face to being in the tunnel, it was not like a dream. It happened." Although the search for meaning was an important factor in the change process for Barbara and Cathy, it seems that no such search was undertaken by David or Ann. In response to several questions about this, David simply said, "I had no problem with the meaning (of the NDE). Everything that I had been taught by the people that I loved was true.... I didn't have to research it. I didn't get hungry for, 'Why me?', or 'How me?' I just wanted to share the information. I wanted to prove to other people that there is a God." Her acceptance of the NDE as a religious experience seems to have helped Ann as well. "More than anything else, this experience that I

had was a confirmation. It was a confirmation of what I believed in.... It was a confirmation of doing and being right."

It appears form these participants' statements that whether or not one searches for the meaning of the NDE is determined by how one chooses to interpret it. Those who were already firmly committed to a particular religious faith (Ann and David) understood the meaning of the event from within this framework while those who were less committed to a religious explanation choose to pursue the meaning of the NDE from a universalistic, spiritual orientation. However, neither one of these approaches guarantees that the post-NDE change process will be smooth and effortless. Barbara and David appeared to have had the greatest difficulty coming to terms with their NDEs. It is interesting to note however that the two participants who were the most vocal about their NDEs following the experience were Ann and David and both took the religious approach to establishing the meaning of the experience. All participants do agree however, regardless of ones' religious or spiritual orientation, that the near-death experience must be used in some fashion. As Ken Ring (1984) pointed out, "Several NDErs have told me that it is chiefly by using or sharing one's experience that it continues to grow and makes its purpose more evident." (p. 136-137). The third stage of the search for meaning according to Ring (1984) is "an intentional search for what can be called higher consciousness." (p. 137). There is evidence of this stage in the lives of both Barbara and Cathy but not in the lives of Ann and David. Once again, it appears that one's orientation will influence the post-NDE journey of change. This is not to say, however, that one way of explaining the meaning of the NDE is superior to the other since there is considerable overlap between the religious and the spiritual.

Summary

The process of change following a NDE seems to involve a progression through several stages. These were identified as being the three 'characteristic themes'. Enhanced perceptions of self and others enter the NDErs' awareness at some point after the experience. For those who were not severely

traumatized by surgery or accident, this appears to happen more quickly. The enhanced perceptions identified by the researcher were present in all of the participants. Once they were aware of these enhanced perceptions, participants then made a conscious choice to alter their behavior so that it become congruent with their new values and beliefs. This process was described as being satisfying. The 'important themes' suggested that the process of change is assisted by having someone to talk to who is sympathetic and values the experience. The choice to return, when voluntarily made, seems to also assist the subsequent change process. However it may be important to distinguish the effects of the event that created the NDE from the experience itself. Each participant who was emotionally and physically traumatized by the event that lead up to the NDE had more difficulty coming to terms with the experience. Although traumatized by the event, one participant (David) denied difficulty with processing the NDE itself. The search for meaning that occurs following the NDE appeared to be much briefer in those participants who had a strong religious commitment. These persons were also less involved in a search for higher states of consciousness.

The research clearly supports Ring's (1984) 'quest for meaning' and Atwater's (1989) ideas about the need for NDErs to accept or reject the experience. Although Atwater suggests that at least seven years are needed post-NDE for full integration to occur, this study found that the process is highly variable and depends more on awareness of incongruence than on some relatively fixed time frame. The participants in this study who most easily came to terms with the NDE agreed in the validation interview that they had accomplished major changes in their lives within one year of the experience. However, since there is evidence that the NDE is an experience that causes personal growth as it is shared, the change process is likely never complete. This research did not find evidence to support the 'culture shock' theory proposed by Bette Furn.

Personal Reflection

While the majority of my presuppositions concerning the change process were confirmed by the

data, there was insufficient evidence to confirm or reject several of them. There wasn't any information elicited in the interview protocols about pre-existing factors such as emotional stability and coping skills. It is therefore not possible to comment on how these influenced the post-NDE change process. Similarly, it is not possible to comment on whether the 'depth' of the NDE is correlated with greater difficulty in coming to terms with the experience because there was no 'non-core' group of experiencers to compare participants to. For those presuppositions that proved to be accurate, social consensus may be at work or, because of extensive prior reading the researcher may have been influenced in ways that he was not consciously aware of. It is also possible that the researcher's biases effected data analysis.

The research findings of this study do however, go well beyond the researcher's presuppositions. The apparent influence of the event that creates the NDE on the subsequent change process was not anticipated. As well, the concept of congruence was not considered to be an element of the change process until it was discovered during the analysis of second order themes. Carl R. Rogers' work on therapeutic change was not expected to bear such striking similarities to the post-NDE change process. Roger's belief that any individual will demonstrate movement toward self-actualization when presented with the appropriate conditions may also address the issue of why NDE after-effects are so similar between individuals. Rogers believed that self-actualization is an innate tendency present in all organisms. It may be that the NDE provides the conditions that Rogers considered to be necessary for 'therapeutic change'. The NDEr experiences genuiness from those 'on the other side'; accurate and nonjudgemental empathy is encountered; and an overwhelming feeling of being loved or receiving 'unconditional positive regard' is cited as a key element. Of these three conditions, it may be that the latter two are the most significant in terms of subsequent change since they were most frequently mentioned by the participants in this study. Having experienced nonjudgemental acceptance and unconditional love during the NDE, these participants seemed to have a new yardstick by which to evaluate their emotions and behavior. The core NDE is so powerful that this new awareness must be attended to. The result is a process of self-actualization that has at its core the need for congruence.

Future Research

It would seem that several new insights into the change process following an NDE have resulted from this data. Further research would seem to be indicated on both the issue of congruence between perceptions and experience and separation of the NDE from the event that caused it. A much larger sample size and greater refinement of the questions would help clarify the validity of these tentative results. If these results were to be confirmed, it would introduce therapists to a different model for approaching the NDEr who is experiencing difficulty with the change process. Since the work of Carl Rogers seems to address this process, it is also interesting to speculate on his concept of unconditional positive regard (unconditional love). Rogers strongly believed that this element was a key feature in the creation of therapeutic change. If these ideas are accurate, then the key to understanding the post-NDE change process is the NDEr's response to the love and acceptance experienced during the NDE. The validation of this connection may prove to be an exciting direction for future research.

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Appendix A

Consent to Participate

The purpose of this research project is to answer the question: "What are the common experiential themes associated with change following a near-death experience." According to the research that I have done so far, it appears that very little is known about this integration process. As a result, very little is known about how to help people who may be having difficulty coming to terms with their near-death experience and its after-effects. It is hoped that this research will assist those in the helping professions in their efforts to counsel near-death experiencers and their families. It is also hoped that participants in this research will gain some insight into their own near-death experience; its effects on them and how they have come to terms with these effects.

This research will be used as part of the requirements for a master's degree in the Faculty of Education, Department of Counselling Psychology at the University of Alberta. Although other people will read about your experiences and direct quotes will be used, your identity will not be revealed. Any information that could identify you will be removed and a pseudonym will be used in place of your real name. Only my thesis supervisor, Dr. Dustin Shannon-Brady, Ph.D., of the Faculty of Education will have access to your identity and neither he nor I are permitted to reveal identifying information without your prior written consent. Although the second and third interviews will be audiotaped, these tapes and all other identifying information will be destroyed at the end of this study. Prior to their destruction, all audiotapes and other identifying information will be kept under lock and key at my home.

Your participation in this study will require that you meet with me on three occasions. These meetings can take place either in my home or your home - wherever you would feel the most relaxed. The first of these will give me the opportunity to tell you about the research project. I will discuss with you the purpose of the study; your right to confidentiality of all personal and identifying information; and your right to withdraw from the research at any time. You will be given an idea of what type of questions will

be asked and you will have a chance to ask any questions of your own. During this session I will also ask you to briefly describe your near-death experience and its after-effects to determine whether or not you meet the requirements that have been set out for participation in this study. If you do not meet these requirements, you will be thanked for your participation. If you do meet the requirements, you will be given several days to decide whether you wish to volunteer to participate, and if you do, a second meeting will be scheduled. At the beginning of the second interview, you will be asked to carefully read and then sign this consent form. A sixty to ninety minute audiotaped interview will then follow during which you will be asked a series of predetermined questions about the after-effects of your near-death experience and how you came to terms with them. Other questions may be added to assist me to better understand your experiences. You have the right to refuse to answer any of these questions. A third interview of thirty to sixty minutes duration will give you the opportunity to read a summary of my interpretations and conclusions. You will be asked to evaluate the accuracy of my interpretations and, where necessary, you may offer suggestions on how to improve these interpretations.

Discussing a near-death experience and your efforts to come to terms with its after-effects may upset you or lead you to conclude that you could benefit from counselling. If this should happen, I will refer you to a counsellor who has experience in this area.

If you have further questions about this research or your rights as a participant, please ask now.

If you fully understand all of the information presented above and you would like to be a participant in this research, please sign below. Thank you.

X_____
Signature

_____
Printed Name
William D. PRINCE (Researcher)

_____
Date

Appendix B

Each of the following accounts has been edited to provide clarity for the reader and to insure confidentiality for the participants.

Ann's Near-death Experience

"I was a single mom in 1986 when I had a very complex surgery. Since I have a tendency to be a bit of an overachiever, my oldest sister was concerned that I would come home and overdo it. So she arranged for my ex-husband to continue living here on the acreage with our three small children and she took me to her place. It was about nine days after the surgery and I was experiencing pains in my chest. I was told by the nurses at the hospital that it could be a buildup of gas underneath the chest wall. But as the day progressed it got more and more difficult for me to breathe. I tried to lay down and I couldn't because it was really uncomfortable. So they built a fire in the fireplace that night and sat me in a big easy chair. That's where I was going to sleep for the night. I woke up at about three o'clock in the morning and I decided to make my way to the guest bed and try to lay down. I was very cold and I could hardly breathe at all. I tried to lay down and there was no way. So I gathered up as many cushions and pillows as I could and stuck them in the corner of the bed and propped myself up. Then I became very aware of the fact that not only was I very cold, but I was really hardly breathing at all. And then I closed my eyes and I thought I fell asleep. Suddenly I realized that I was looking at myself and that it was my body that was propped up in the corner of the bed. And it was funny sort of looking at myself because I could see all the way around me. I could see my front and my back and both sides at the same time. I don't remember it taking a long time to realize, 'Hey, I must be dead.' And there was no regret and no fear. It was just a matter of fact. Very shortly after that realization, I experienced a drawing away into an all-encompassing whiteness that just kept getting brighter and brighter. I seemed to travel fairly quickly until suddenly I was in a realm of total whiteness and yet it didn't hurt my eyes. And the most important thing about

traveling into the brightness was the incredible sensation of total unconditional love and acceptance. It was just sort of like, 'Welcome. You're here and you're safe.' There was no feeling of regret over leaving earth. And then I met someone. I don't believe that it was Jesus but I do believe that it was probably an angel or maybe one of the apostles. I was standing on something although I don't know what it was. I was facing this person who was dressed in a white robe. I remember a very pleasant looking face but I don't know if it was male or female and there was no male or female voice. This person had sandy brown hair, no beard or mustache. I couldn't tell you a nationality either. But I was given a choice at that time to proceed with this person or to go back to earth. There was a feeling of being home and yet also a feeling that I had forgotten something important and that I needed to go back. I had the feeling that there would be total acceptance of whatever decision I made. And I made the decision to go back for my children. After that I came back just as quickly as I left. I remember looking at my body once again on the bed but I don't remember how I re-entered my body. When I woke up I was very, very cold. The thing that I clung to most after the experience was that it reassured me that when you're ready to die, there's no need to fear death.

Barbara's Near-death Experience

It happened twenty years ago, in 1974. I had an obliterated ovary which means that the ovary had burst into a kazillion pieces. I was hospitalized for four months before they did the surgery because the ovary had to come back together as much as possible before they could take it out. I was also hemorrhaging really badly and the pain was unbelievable. And so during the surgery, which was very long and difficult, I just left. I came out of my body and went through an opening. It wasn't really a tunnel but it was lit and it seemed to have colors or maybe flowers around the opening. And as I moved toward the light I had a wonderful feeling - no hurt, no encumbrances and no fear at all. And then I saw my grandmother and my father and an aunt and several other people that had all died a long time ago. My grandmother was kind of in the light and my dad was just behind her. And I wanted to talk to her and particularly to my father but they wouldn't talk to me. My grandmother said in Ukrainian that she loved me but that I had to go

back and my dad said the same thing. They reassured me that they loved me and that was really important because I was very attached to them. And I said, 'But there's no pain here and it's so beautiful.' There was an absolute calmness and the light just kept swallowing me and taking me further and further into itself. But she kept saying, 'We're not ready to let you go further.' And I kept saying that I was ready to go further because it was much better than where I came from. But they just said that it was not my time and that I had responsibilities that I hadn't fulfilled yet. Then all of a sudden the light went out and I was pushed, like a great heave, and I was back on the ceiling of the operating room. I was up there for a long time watching them. I looked at myself of the O.R. table and I thought, 'Oh, this isn't good.' I knew it wasn't good because I had been a nurse for twenty-six years. I saw everything. I heard everything. So it took me a long time to make a decision. I watched my doctor incubate me and they were hammering on my chest. And even when he was using the paddles on my chest (for electrical stimulation of the heart), I was fighting like crazy. I didn't want to come back. But it wasn't hard for me to decide to go back into my body when my doctor said, 'For Christ's sake, you've got a ten year old daughter.' And that was the end for me. I was back in my body immediately, pain and all.

Cathy's Near-death Experience

I was married at the time and I was pregnant. I wasn't in the best of health. So the doctor decided to take me into the hospital on May 10, 1965. He said that they would try to save me or the baby. I said to save the baby and my husband said to save me. Well, as it turned out, I needed the will to live. But I was in a very unhappy marriage and I didn't have the will. The pain was really severe and suddenly it wasn't there and I wasn't there. I was on the left hand side of the hospital room on the ceiling and I was watching my body. I saw the nurses and the doctors trying to get my pulse. They did different things and I was watching all this going on and thinking, 'They're wasting their time, I'm up here.' And then they tried to save the baby but the baby had no heartbeat and they decided that the baby was gone as well. Then the next thing that I saw them do was put the sheet over my face. I can't recall anything more in the hospital room. I went from that ceiling into a bright yellowish gold, brick tunnel. And the white light was at the

end. It was brighter than the sun but I could look right at it and it didn't hurt my eyes. And as I was going toward the white light I was thinking, 'I have no more problems. I'm going home.' I was happy. I knew that everything was going to be wonderful. I felt so light. It doesn't matter how much people love each other on earth, no emotion can compare with the love and acceptance and the energy that you feel in that tunnel. It doesn't matter how deeply you love your children, or your spouse - there is no comparison to the emotion when you're in the tunnel. And even though you're traveling toward the light you're already part of the light. I got a little more than half way toward the light but I didn't see anyone. Then I heard a voice in my head say, 'If you go any further, you won't be able to get back.' And the second that I heard that I remembered that I had a two year old son and he needed me. And it was like driving a car. I put the brakes on and I started going backwards. I don't remember re-entering my body. When I came back into my body I sat up in bed taking the sheet off my face to breathe. And the poor guy that was there with the gurney was putting the tag on my big toe. He ended up yelling and screaming because I was the first case that he was doing alone. Nurses ran into the room. They didn't understand what was going on. One of them came in, examined me and said, 'Oh my God, get the doctor. She's ready for delivery.' Twenty minutes after I re-entered my body my son was born. He is now the father of three children. The joke in the family is that I had to go to heaven to get him. This experience is just like it happened yesterday. It's not like a normal memory. I remember this clearly. And I don't care what anybody says, when you've been through the tunnel you know its not an hallucination. It's a fact.

David's Near-death Experience

I remember the night very well. It was a Sunday night. Two of my friends that I drank whiskey with once in awhile invited me out. We went out and got really drunk on whiskey and I stole a car. We got in it and went for a ten minute joy-ride. I hit a bus. The last thing I can remember doing is looking down to find where the brake pedal was. I hit the pedal as hard as I could. I guess the car that I was in collided with a bus and knocked it one hundred and eighty feet down a road sideways. The car was airborne at that point

and myself and the other fellow in the front seat were blown out of the car somehow. The car landed on top of us. He was pinned under my chest and the rear wheel of the car was resting on my pelvis. I don't know how I was jammed under the car. The last thing I remember was looking for the brake pedal. Nothing about the impact has ever come back to me. The next thing I remember after the brake pedal was being in another dimension. My body was now translucent. I had clothes on but I could see through myself. A figure came toward me and all of a sudden I realized, 'Hey, this guy is Jesus.' He was like ten or fifteen feet away. He kept his distance, I'll say he stayed about thirteen feet away from me. Jesus was 70% identical to the pictures that I've seen in my life. He had reddish colored hair and he was wearing a long white robe. He was a very serene person who caused me to feel peaceful and happy. He pointed over his left shoulder at a white cube. It looked like it was made out of fluorescent light although I could tell that it was a perfect three dimensional cube. It was a lot bigger than any high-rise downtown. It was gigantic. I can't even estimate how many feet high or deep it was. He pointed at it and said, 'If you want to, you can go in there. But it you do, you'll have to stay there for the rest of your life.' And I thought in my mind, 'No I don't want to die this way and humiliate my parents.' The funny thing is that I was completely sober during all of this but I was as drunk as a skunk when I was back in my body. The next thing I remember I was underneath the car with my friend. I was conscious and I was talking to him. He was wriggling around and I told him not to because I couldn't feel my legs. Next thing I knew, either he or I were summoned by the devil. I went, but how I went I don't know to this day. I went to a different dimension again and this time I was at a threshold made of rock. It was like a Roman arch. The devil was on the other side of the arch. He was sitting on a big throne inside a niche in the cave wall. He was about twenty-five feet away from me. The devil was kind of wiry but he looked human. He may have had horns but he wasn't ugly. There was no doubt in my mind that he was the devil. He offered me things if I took his brand. I assumed that he meant the 666 seal that makes you part of his property. He offered me the seal twice but I refused it. He put beautiful women in front of me and then really muscular men that would be my idol because I wanted to be a hockey player as I grew up. But I refused the temptations. The

woman was beautiful and the way I could see her figure was that she looked like coal burning. I could see black on one side and red on the other side just like coal burning in a stove. She was very beautiful and scantily clad. The devil then said, 'I'm proud of you for not accepting my seal. Can I offer you a gift?' And I said 'Sure'. At my feet appeared a pair of golden hockey skates and a golden hockey stick. As I bent down to pick them up, but before I could touch them, I was pulled straight up by a pair of angels. That was the only sensation of movement that I had during either of these experiences. But it wasn't scary there either. I wasn't frightened. I felt totally safe because when you've just been talking to Jesus before you go to hell, you're just not scared. Then the next thing I remember was being back in my body and some people pushing the car off me.

Appendix C

Questions for Participants

1. Please tell me about your near-death experience in as much detail as possible.
2. Were you aware of changes in yourself following this experience? Please describe these changes.
3. A. Did the near-death experience change how you talked to yourself?

   If so, please explain.

   How did you come to terms with this change?

   B. Did the near-death experience change how you described yourself to others?

   If so, please explain.

   How did you come to terms with this change?
4. A. Did the near-death experience change your visual image of yourself?

   If so, please explain.

   How did you come to terms with this change?

   B. Did the near-death experience change your visual images of the world around you?

   If so, please explain.

   How did you come to terms with this change?
5. Did the near-death experience change how it felt to be in your body?

   If so, please explain.

   How did you come to terms with this change?
6. Did the near-death experience affect your feelings?

   If so, please explain.

   How did you come to terms with these new feelings?

7. A. Did the near-death experience change your relationship with yourself?

   If so, please explain.

   How did you come to terms with this change?

   B. Did the near-death experience change your relationship with others?

   If so, please explain.

   How did you come to terms with this change?

   C. Did the near-death experience change your relationship with Nature?

   If so, please explain.

   How did you come to terms with this change?

   D. Did the near-death experience change your relationship with God?

   If so, please explain.

   How did you come to terms with this change?

8. Did the near-death experience change your behavior?

   If so, please explain.

   How did you come to terms with this change?

9. As you tried to come to terms with these changes, what was most helpful?

   Why was this helpful?

10. As you tried to come to terms with these changes, what was NOT helpful?

    Why was this not helpful?

11. Did you have questions about this experience afterward?

    If so, what were they?

    How did you find the answers to these questions?

12. Did your understanding of this experience change as time went by?

    If so, how did your understanding change?